

Table 3A: 2009 Certificate of Need Review Schedule

CON Beginning Review Date	Health Service Area I, II, III	Health Service Area IV, V, VI
January 1, 2009	--	--
February 1, 2009	A, B, C, G, H, I	--
March 1, 2009	--	A, B, C, E, G, H, I
April 1, 2009	B, C, D, E, F, H, I, M ⁽¹⁾	D
May 1, 2009	J	C, F, H, I, J, K, M ⁽⁴⁾
June 1, 2009	A, C, F, H, I	
July 1, 2009	--	A, B, C, E, H, I, M ⁽⁵⁾
August 1, 2009	B, C, E, F, H, I, M ⁽²⁾	--
September 1, 2009	--	B, C, E, F, H, I
October 1, 2009	A, C, D, F, H, I	D
November 1, 2009	B, C, E, H, I, K, L, M ⁽³⁾	--
December 1, 2009	--	A, B, C, F, H, I, L, M ⁽⁶⁾

- (1) HSA I only.
- (2) HSA II only.
- (3) HSA III only.
- (4) HSA IV only.
- (5) HSA V only.
- (6) HSA VI only.

For further information about specific schedules, timetables, and certificate of need application forms, contact:

**North Carolina Division of Health Service Regulation
Certificate of Need Section
2704 Mail Service Center
Raleigh, N.C. 27699-2704**

Phone: (919) 855-3873

Draft Table 5B: Acute Care Bed Need Determinations

(Scheduled for Certificate of Need Review Commencing in 2009)

It is determined that the counties listed in the table below need additional Acute Care Beds as specified.

SERVICE AREA	ACUTE CARE BED NEED DETERMINATION*	CERTIFICATE OF NEED APPLICATION DUE DATE**	CERTIFICATE OF NEED BEGINNING REVIEW DATE
Mecklenburg	30	October 15, 2009	November 1, 2009
Wake	18 (To be designated as licensed neonatal beds only.)	April 15, 2009	May 1, 2009
It is determined that there is no need for additional Acute Care Beds anywhere else in the state and no other reviews are scheduled.			

* Need Determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (see Chapter 3).

Draft Table 6C: Operating Room Need Determinations
(Scheduled for Certificate of Need Review Commencing in 2009)

It is determined that the counties listed in the table below need additional Operating Rooms as specified.

OPERATING ROOM SERVICE AREA	OPERATING ROOM NEED DETERMINATION*	CERTIFICATE OF NEED APPLICATION DUE DATE**	CERTIFICATE OF NEED BEGINNING REVIEW DATE
Franklin	1	June 15, 2009	July 1 ,2009
Johnston	1	June 15, 2009	July 1 ,2009
Randolph	2	July 15, 2009	August 1, 2009
Union	1	March 16, 2009	April 1, 2009
It is determined that there is no need for additional Operating Rooms anywhere else in the state and no other reviews are scheduled.			

* Need Determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (see Chapter 3).

Table 9H:
Linear Accelerator
Statewide Need Determination
(Scheduled for Certificate of Need Review during 2009)

HSA	Linear Accelerator Service Area	Linear Accelerator Adjusted Need Determination*	CON Application Due Date**	CON Beginning Review Date
	Statewide	1	April 15, 2009	May 1, 2009
It is determined that there is no need for an additional linear accelerator anywhere else in the state and no reviews will be scheduled.				

* Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (See Chapter 3).

Table 9M: Fixed MRI Scanners Need Determination
(Scheduled for Certificate of Need Review during 2009)

It is determined that the service areas listed in the tables below need additional Fixed MRI Scanners as specified:

HSA	MRI Service Area	Fixed MRI Scanners Need Determination*	CON Application Due Date**	CON Beginning Review Date
VI	Edgecombe	1	February 16, 2009	March 1, 2009
II	Forsyth	1	July 15, 2009	August 1, 2009
II	Guilford	1	May 15, 2009	June 1, 2009
V	Harnett	1	February 16, 2009	March 1, 2009
V	Moore/Hoke	1	June 15, 2009	July 1, 2009
VI	Onslow	1	April 15, 2009	May 1, 2009
IV	Orange/Caswell	1	August 17, 2009	July 1, 2009
II	Randolph	1	May 15, 2009	June 1, 2009
III	Rowan	1	March 16, 2009	April 1, 2009
I	Rutherford	1	March 16, 2009	April 1, 2009
	TOTAL	10		
It is determined that there is no need for any additional fixed MRI scanners anywhere in the State.				

* Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (See Chapter 4).

** Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (See Chapter 3).

Table 10C: Nursing Care Bed Need Determinations

(Scheduled for Certificate of Need Review Commencing in 2009)

It is determined that the county listed in the table below needs additional nursing care beds as specified:

County	HSA	Number of New Nursing Care Beds Needed *	CON Application Due Date**	CON Beginning Review Date
Camden	VI	10	February 16, 2009	March 1, 2009
It is determined that there is no need for additional nursing care beds anywhere else in the State and no other reviews are scheduled.				

* Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (See Chapter 4).

** Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (See Chapter 3).

Table 11C: Adult Care Home Bed Need Determinations*(Scheduled for Certificate of Need Review commencing in 2009)*

It is determined that the counties listed in the table below need additional Adult Care Home beds as specified:

County	HSA	Number of New Adult Care Home Beds Needed *	CON Application Due Date**	CON Beginning Review Date
Alexander	I	10	July 15, 2009	August 1, 2009
Alleghany	I	40	July 15, 2009	August 1, 2009
Cherokee	I	80	March 16, 2009	April 1, 2009
Graham ***	I	20	March 16, 2009	April 1, 2009
Polk	I	10	July 15, 2009	August 1, 2009
Camden	VI	20	February 15, 2009	March 1, 2009
Dare	VI	50	February 15, 2009	March 1, 2009
Gates	VI	40	February 15, 2009	March 1, 2009
Hyde	VI	30	June 15, 2009	July 1, 2009
Jones	VI	30	June 15, 2009	July 1, 2009
Tyrrell	VI	20	June 15, 2009	July 1, 2009
Washington	VI	20	June 15, 2009	July 1, 2009
It is determined that there is no need for additional Adult Care Home beds anywhere else in the State and no other reviews are scheduled.				

* Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (See Chapter 4).

** Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (See Chapter 3)

*** A 20 bed need determination identified based on the 2008 Plan has been reallocated for Graham County using the 2008 Plan methodology.

Table 12D: Medicare-Certified Home Health Agency or Office Need Determination

(Scheduled for Certificate of Need Review Commencing in 2009)

It is determined that the county listed in the table below needs an additional Medicare-Certified Home Health Agency or Office as specified.

COUNTY	HSA	NUMBER OF NEW HOME HEALTH AGENCIES/OFFICES NEEDED	CON APPLICATION DUE DATE**	CON BEGINNING REVIEW DATE
Mecklenburg	III	1 (with conditions*)	May 15, 2009	June 1, 2009
It is determined that there is no need for additional Medicare-Certified Home Health Agencies or Offices anywhere else in the state and no other reviews are scheduled. ***				

* There is a need determination for one home health agency in Mecklenburg County to address the special needs of the non-English speaking, non-Hispanic population. Qualified applicants should show evidence of fluency in multiple languages other than Spanish, including Russian.

In the event a certificate of need were to be issued in response to this need determination, the following conditions shall be placed on the certificate of need:

1. The Home Health Agency or Office shall actively market to and serve non-English speaking, non-Hispanic persons in Mecklenburg County.
2. The Home Health Agency or Office shall accept, within Medicare Conditions of Participation and North Carolina State licensure rules, referrals for non-English speaking, non-Hispanic persons in Mecklenburg County from home health agencies and others.
3. Following certification, the Home Health Agency or Office shall annually provide a notarized affidavit indicating the number of non-English speaking, non-Hispanic persons served in Mecklenburg County and that all qualified referrals of such persons were served. Absent demonstration to the satisfaction of the Certificate of Need Section that the Home Health Agency or Office has materially complied with representations made in the certificate of need application regarding the non-English speaking, non-Hispanic persons served in Mecklenburg County, the holder of the certificate of need agrees to surrender the certificate of need and cease to be a Medicare-Certified Home Health Agency or Office.
4. In the event of a change of ownership of the agency or office, the conditions of the certificate of need shall apply to all future owners of the Home Health Agency or Office.

** Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (see Chapter 3).

*** While there would have been a need determination for Granville County based on Policy HH-3, there is an adjusted determination of no new need for a Medicare-Certified Home Health Agency or Office for Granville County for the 2009 Plan.

**Table 13D: Year 2010 New Hospice Home Care Office
Need Determination**

(Scheduled for Certificate of Need Review Commencing in 2009)

It is determined that the counties listed in the table below need additional hospice home care offices as specified:

County	HSA	Number of New Hospice Home Care Offices Needed	CON Application Due Date*	CON Beginning Review Date
Cherokee	I	1	March 16, 2009	April 1, 2009
Wilkes	I	1	July 15, 2009	August 1, 2009
It is determined that there is no need for additional hospice home care offices anywhere else in the State and no other reviews are scheduled.				

* Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (See Chapter 3)

**Table 13E: Year 2012 Single County New Hospice
Inpatient Beds Need Determination**

(Scheduled for Certificate of Need Review Commencing in 2009)

It is determined that the counties listed in the table below need additional hospice inpatient beds as specified:

County	HSA	Number of New Hospice Inpatient Beds Needed *	CON Application Due Date**	CON Beginning Review Date
Catawba	I	6	May 15, 2009	June 1, 2009
Haywood	I	6	May 15, 2009	June 1, 2009
Alamance	II	6	September 15, 2009	October 1, 2009
Stokes	II	7	September 15, 2009	October 1, 2009
Cabarrus	III	8	July 15, 2009	August 1, 2009
Lincoln	III	6	July 15, 2009	August 1, 2009
Lee	IV	8	April 15, 2009	May 1, 2009
Wake	IV	10	November 16, 2009	December 1, 2009
Bladen	V	8	April 15, 2009	May 1, 2009
Sampson	V	11	April 15, 2009	May 1, 2009
Scotland	V	2	April 15, 2009	May 1, 2009
Craven	VI	7	August 17, 2009	September 1, 2009
Wilson	VI	8	August 17, 2009	September 1, 2009
It is determined that there is no need for additional hospice inpatient beds anywhere else in the State and no other reviews are scheduled.				

* Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (See Chapter 4).

** Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (See Chapter 3)

Table 15C (1): 2011 Need Determination For Adult Psychiatric Inpatient Beds

HSA	Local Management Entity (LME) and Counties	Adult Psychiatric Bed Need Determination*	CON Application Due Date	CON Beginning Review Date
I	Smoky Mountain: Alexander, Alleghany, Ashe, Avery, Caldwell, Cherokee, Clay, Graham, Haywood, Jackson, McDowell, Macon, Swain, Watauga, Wilkes	25	October 15, 2009	November 1, 2009
IV, VI	Five County: Vance, Granville, Franklin, Warren, Halifax	14	August 17, 2009	September 1, 2009
IV	Johnston	1	August 17, 2009	September 1, 2009
IV	Wake	16	November 16, 2009	December 1, 2009
VI	Onslow -Carteret	12	August 17, 2009	September 1, 2009
VI	Albemarle: Camden, Chowan, Currituck, Dare, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington	17	November 16, 2009	December 1, 2009
It is determined that there is no need for additional Adult Psychiatric Inpatient Beds anywhere else in the State.				

Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (See Chapter 4).

Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date.
The filing deadline is absolute (See Chapter 3).

**Table 15C (2): 2011 Need Determination For
Child/Adolescent Psychiatric Inpatient Beds**

HSA	Local Management Entity (LME) and Counties	Child/Adolescent Psychiatric Bed Need Determination*	CON Application Due Date	CON Beginning Review Date
I	Smoky Mountain: Alexander, Alleghany, Ashe, Avery, Caldwell, Cherokee, Clay, Graham, Haywood, Jackson, McDowell, Macon, Swain, Watauga, Wilkes	4	November 1, 2009	November 1, 2009
II, III	Piedmont: Cabarrus, Davidson, Rowan, Stanly, Union	5	September 15, 2009	October 1, 2009
II, III	Crossroads: Surry, Iredell, Yadkin	3	September 15, 2009	October 1, 2009
IV, VI	Five County: Vance, Granville, Franklin, Warren, Halifax	4	August 17, 2009	September 1, 2009
II, IV, V	Sandhills: Anson, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	8	November 16, 2009	December 1, 2009
V	Southeastern Regional: Robeson, Bladen, Columbus, Scotland	3	November 16, 2009	December 1, 2009
V	Cumberland	4	August 17, 2009	September 1, 2009
IV	Johnston	3	August 17, 2009	September 1, 2009
V	Southeastern Center: New Hanover, Brunswick, Pender	6	November 16, 2009	December 1, 2009
VI	Albemarle: Camden, Chowan, Currituck, Dare, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington	2	November 16, 2009	December 1, 2009
It is determined that there is no need for additional Child/Adolescent Psychiatric Inpatient Beds anywhere else in the State.				

Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (See Chapter 4).

Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date.

The filing deadline is absolute (See Chapter 3).

**Table 16C: Year 2011
Need Determination For Adult Chemical Dependency
(Substance Abuse) Residential Treatment Beds*
(Scheduled for Certificate of Need Review During 2009)**

H S A	Mental Health Planning Region	Adult Residential Chemical Dependency Treatment Bed Need Determination	CON Application Due Date**	CON Beginning Review Date
II, IV, V	South Central Region	33	April 15, 2009	May 1, 2009
It is determined that there is no need for additional adult chemical dependency treatment beds anywhere else in the State.				

* Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (See Chapter 4).

** Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date.
The filing deadline is absolute (See Chapter 3).